



Arizona Board of Athletic Trainers

5060 N. 19th Ave., Suite 209

Phoenix, AZ 85015

(602) 589-6337

Website: <http://www.users.qwest.net/~azat>

Email: azat@qwest.net

RENEWAL APPLICATION FOR AN ATHLETIC TRAINING LICENSE

Last Name	First Name	Middle Name	Other Names Used	
Name, as it is to appear on license certification			License Number	
Home phone number		Birthdate	Social Security Number	
Mailing Address	Keep Confidential <input type="checkbox"/>	City	State	Zip Code

Name of Employer		Employment phone number		
Employment Address	City	State	Zip Code	

In accordance with the Arizona Revised Statutes §32-4124 and Rule R4-49-203, I hereby make application for the renewal of my athletic training license.

Check one	Original License Issued	Percentage	Renewal Fees
<input type="checkbox"/>	Less than 2 months ago	0%	\$ 0.00
<input type="checkbox"/>	2 months but less than 4 months ago	20%	\$ 25.00
<input type="checkbox"/>	4 months but less than 6 months ago	40%	\$ 50.00
<input type="checkbox"/>	6 months but less than 8 months ago	60%	\$ 75.00
<input type="checkbox"/>	8 months but less than 10 months ago	80%	\$100.00
<input type="checkbox"/>	10 or more months ago	100%	\$ 125.00

Disciplinary Actions.

- A. Have you ever had a license/certification denied, revoked, suspended or other disciplinary action taken against you?
- B. Have you ever been convicted of any crime?

Check	
YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

If you have answered yes to any of the above questions, please provide complete details (attach additional pages if necessary).

I hereby certify that the above is true to the best of my knowledge and I apply for the renewal of my Athletic Training license in the State of Arizona.

Applicant's Signature

Date